For Office Use Only	\$120

Instructions are found on page 3

Application for Occupational Therapy/Occupational Therapy Assistant Licensure Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT

1		2				
Last Name	_		First Name	and Middle Name		
3						
	Mail	ling Address				
4City, State, Zip Code		5				
City, State, Zip Code			E-Ma	iil Address		
6	7	D. CDI.I	8	Social Security N		
Daytime Phone (Including Area Code)		Date of Birth		Social Security N	umber*	
9. Male Female 10. If any of your	documentation is	s in a name other than	vour current nam	ne list the previous p	ames of re	cord
The following questions must be answered. If you answ						
details of the incident, (2) attach a copy of any court order official court documents regarding your conviction/malpr when a conviction or judgment has been deferred or expute the conviction or judgment as been deferred or expute the conviction or judgment as been deferred or expute the conviction or judgment has been deferred or expute the conviction or judgment has been deferred or expute the conviction or judgment has been deferred or expute the conviction of the convicti	ered evaluations	s, showing complete luding final disposi	ion and recomme tion and/or settle	endations, and (3) ement. You must	attach a	copy of al
11. Been convicted, found guilty of or entered a plea of minor traffic violations with fines under \$500)?					Yes	No
12. Had any judgments or settlements paid on your behalf	f as a result of a	malpractice suit or	claim against yo	u?	Yes	No
13. Been investigated by a licensing, registration, or cert or certification authority or organization institute disciplir investigation or action was instituted by this licensing board.	nary action agai	nst you related to yo	our professional		Yes	No
14. Been disciplined or sanctioned by any licensing, reg professional practice? (If this licensing board took the disc					Yes	No
15. Developed a medical condition which in any way reasonable skill and safety? (If you are currently a partianswer "NO" to this question.)					Yes	No
					Yes	No
16. Been engaged in illegal or improper use of drugs or participant in the Impaired Practitioner Review Committee				are currently a		
17. Examination (new graduate)	Endorseme	ent (previously lic	censed in anoth	ner state)		
18. Occupational Therapy License OT Limited Permit	Occupati [ional Therapy A Occupational OTA Limited	Therapy Ass	istant License		
19.						
Name of Professional Educa	ational Institution			Locati	on	
20. Graduation Date:					_	
21. Are you or have you ever been licensed, or	certified, or i	registered in ano	ther state?	∐ Ye	es 📙	No
If yes, list the two letter initials of the state(s) <i>Provide verification of the license(s) from every jurisd</i>	liction in which	the applicant has		ent directly from t	 he jurisd	iction(s)

this board office. Web-based verification may be substitut6ed for verification direct from the jurisdiction's board office if it provides:

Licensee's name; Date of initial licensure; Current licensure status; and any disciplinary action taken against the licensee;

22. Have you taken and passed the National Board of Certification (Certification)	cation (NBCOT) exam?		
Date of Exam/			
22 Application must be in the board office and be approved	union to starting annularment		
23. Application must be in the board office and be approved			
Limited Permit - 206.3	Applicant Status 206.4		
Examination applicants (new graduate) OT & OTA	Endorsement applicants (previously licensed) OT and OTA		
An applicant who is applying for licensure by taking the	An applicant who has passed the licensure exam and held		
licensure exam for the first time may practice under the	licensure in another state may practice prior to licensure		
supervision of an Iowa licensed OT for a period not to	under the supervision of an Iowa licensed OT for a period		
exceed 6 months from the date application is received. If	not to exceed 3 months from date application is received.		
the applicant for the limited permit fails the national			
examination they must cease practicing immediately.			
Changes in supervision must be reported within seve	n days after the change in supervision takes place.		
24. 645–206.3 Limited Permit or 645 – 206.4 Applicant S a. I plan to practice as an OT OTA prior to lic			
b. My supervisor will be	or Iowa License Number		
	rt Date: (to be determined by the board)		
 Endorsement applicants only: Employer(s) statement of practice of occupational the immediately preceding two-year period Or completion of 30 hours for OT and 15 hours for Opreceding two-year period Or have passed the national board of certification (Notes). 			
I certify that I have carefully read the questions on this applicatio under penalty of perjury that my answers, and all other statements true and correct. If it is determined at any time that I have propaplication, I understand that my application may be denied or that if I am already licensed.	or information submitted by me in this application process, are vided misleading or false information on or in support of this		
I understand that I am required to update answers or information during the time period the application is pending. I also understand Code, Chapter 22 and that application information is public inform in submitting this application, I consent to any reasonable inquiry on or in conjunction with this application.	I that this application is a public record in accordance with Iowa nation, subject to the exceptions contained in Iowa law. Finally		
*This information is collected pursuant to Iowa Code Chapters 252, result in license denial. Privacy Act Notice: Disclosure of your Soc 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number wobligations and as an internal means to accurately identify licensees including Iowa Code § 421.18.	cial Security Number on this license application is required by will be used in connection with the collection of child support		
26.			
Applicant must sign here in ink	Date		

INSTRUCTIONS

To complete application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

LIMITED PERMIT: A limited permit to practice as an occupational therapist or as an occupational therapy assistant may be granted to persons who have completed the educational and experience requirements for licensure and are waiting to take or receive the results of the certification examination. The limited permit is valid for six months or until the date on which the results of the certification examination are made available. Your application must be on file with the board office prior to starting employment. Non-refundable license fee of \$120 Check or money order made payable to the Iowa Board of Physical & Occupational Therapy. Official transcripts with school seal and degree attained from professional school sent directly to the office from the school. Questions 23 and 24 completed on the application.				
Occupational Therapy	Occupational Therapy			
Licensure by Examination: The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy. Official professional transcripts sent directly to the board office from the school. Official score report from NBCOT verifying a passing score on exam.	Licensure by Endorsement: The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy. Official professional transcripts sent directly to the board office from the school. Official score report from NBCOT verifying a passing score on exam. Applicants who hold or have held an occupational therapy license in any other state(s) or country(ies) must submit official verification of licensure status from each state where you have held a license. This must include issue date, expiration date and any pending or past disciplinary action. Employer(s) statement of practice of occupational therapy for a minimum of 2080 hours during the immediately preceding two-year period; or completion of 30 hours of continuing education during the immediately preceding two-year period.			
Occupational Therapy Assistant	Occupational Therapy Assistant			
Licensure by Examination: The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy. Official professional transcripts sent directly to the board office from the school. Official score report from NBCOT verifying a passing score on exam.	Licensure by Endorsement: The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy. Official professional transcripts sent directly to the board office from the school. Official score report from NBCOT verifying a passing score on exam. Applicants who hold or have held an occupational therapy assistant license in any other state(s) or country(ies) must submit official verification of licensure status from each state where you have held a license. This must include issue date, expiration date and any pending or past disciplinary action. Employer(s) statement of practice of occupational therapy for a minimum of 2080 hours during the immediately preceding two-year period; or completion of 15 hours of continuing education during the immediately preceding two-year period.			

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. **Applications must be complete and signed to be processed.** No application will be considered complete until all required supporting documents and fees have been received in the Board office. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4287 or karla.hoover@idph.iowa.gov. Please note that frequent phone calls to the Board office will slow the application process. Mail the original completed application, not a photocopy to:

Iowa Board of Physical & Occupational Therapy
Iowa Department of Public Health
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E. 12th Street
Des Moines, IA 50319-0075

www.idph.state.ia.us/licensure

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.